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A Dissertation
on
Enteritis

by
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Among the diseases to which the human frame is incident, few are more violent or rapid in their course, than inflammations affecting the abdominal viscera. Of these there is none perhaps more fraught with danger than enteritis, or inflammation of the intestines.

Having made choice of this disease as the subject of the following pages, I shall now attempt a description of the symptoms, mode of treatment &c., hoping at the same time, that the errors and defects of the essay, may be ascribed to that want of opportunity which at all times the student is more or less liable to.

Without further preface, I will now endeavour to give a definition of the term according to the best authorities.

Enteritis may be defined an inflammation of the intestines, with severe pain in the abdomen, accompanied with a sense of twisting about the umbilicus.

vomiting, obstinate costiveness, and generally
attended with great debility.

It is divided by Cullen into, enter-
itis phlegmonodes and enteritis erythema-
tica. The former he defines - enteritis with
acute pain, violent fever, vomiting and costive-
ness. - The latter, enteritis in which the pain
and fever are less violent, accompanied by
diarrhoea without vomiting.

The symptoms of the latter are often-
times very uncertain and obscure in so much so
that after death dissection shows evident marks
of inflammation, and yet the patient shall
not have complained of either fever or pain.

Having thus attempted a definition, we
shall next proceed to detail some of the cau-
ses of enteritis. It may be produced by an
accumulation of indurated faeces, by hernia and
volvulus; it frequently follows an attack of spas-

modis colic; often it is induced by cold applications, either to the abdomen or extremities; and sometimes by acid and indigestible substances taken into the stomach. These being the principal causes, it is unnecessary, perhaps, to dwell longer upon them. We shall therefore in the next place go on to give a description of the symptoms of enteritis.

In the beginning of the disease, the patient complains of a sharp, burning pain, sometimes fixed, at others more generally felt over the whole abdomen. The pain is more severe at one time than at another, owing (as has been supposed) to the contents of the intestines passing over the inflamed part.

A very good diagnostic of enteritis is that the pain is greatly increased by pressure. As enteritis progresses, the abdomen generally becomes tumid, and

in almost all cases obstinate constipation attends throughout the disease. The patient is often troubled with nausea and sometimes with vomiting.

These symptoms are attended with a considerable degree of fever. The pulse is hard, chorded and frequent. The heat is considerable accompanied with great thirst, and the urine is high coloured. There is also very commonly a remarkable depression of strength.

It is sometimes very difficult to distinguish enteritis from other visceral complaints, for as it frequently spreads to other parts, it is almost impossible to ascertain its chief seat. It may be mistaken for pharyngitis or hepatitis when the upper part of the colon is affected; or for the piles, when the rectum is the seat of the disease.

Enteritis terminates either by resolution, gangrene, or suppuration.

If the disease has not arisen from any right cause; or if the symptoms are moderate; or should it give way to the remedies employed, in the course of the first or second week, we may expect that it will terminate in resolution which may be considered as the only favorable termination of enteritis.

On the contrary, should the symptoms continue moderate for several days, or the patient complain of irregular shivering, a sense of weight, an obtuse instead of a cutting pain, we may suppose the disease has terminated in suppuration and that an abscess has formed. If the abscess is extensive, a frequent diarrhoea is formed, and as the ulcer very seldom heals, the contents of the intestines generally break away and are discharged in stool. Scarcely ever suppurates and the patient



suffer a large loss of blood.

When the symptoms have continued some time with unabating severity and the remedies administered appear to have no effect we may suspect that gangrene will be the result, which is known by the pain suddenly ceasing, the pulse intermitting, the body covered with a cold sweat, involuntary dark coloured stools, hiccup and increasing vomiting, under which symptoms the patient soon expires.

We now come to speak of the most important part of the subject, namely that of the first and greatest cause of the hot stands bloodletting.

Bleeding is the remedy in which we principally depend in enteritis; and it should be had recourse to as soon as the symptoms of the disease first make their

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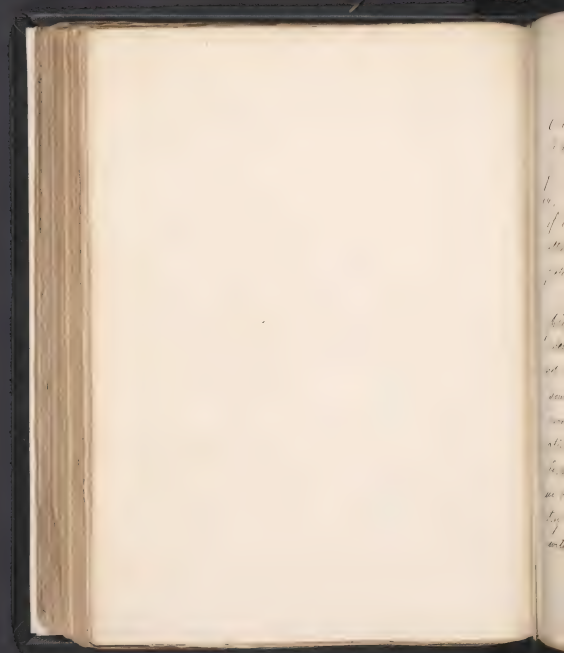
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appearance and carried to as great an
extent as the system of the patient ever pos-
sibly bear. We should let the pulse have any
size we get with it, in almost any shelter to
withstand the lancet or not, for cases do some-
times occur, where if we were guided altogether by
the pulse we might suppose that a stimulating
system of a depleting practice was indica-
ted. The pulse is generally found to be,
small and small, and in this condition it is
that we experience the good effects of blood-
letting, for in place of reducing its strength
as we might at first suppose, it is found
if it be about to prove serviceable to raise
it and to bring it to a more natural standard.

When cuttings supersumes some of the worst
kind of fevers, we must then be very cautious
how we use the lancet, because, as the patient
is reduced to a state of great prostration



by the preceding liver, we would find in most cases though not perhaps in all, that bloodletting would only hasten to a fatal termination.

If we find the pulse becomes irregular, & the patient is attacked with convulsions & syncope, we should then refrain from bleeding, as the case is too far advanced to bear it.

When after bloodletting we experience a remission of the symptoms, we may consider it a very good prognosis; but we should be careful not to be thrown off our guard by it, as in a majority of cases, after the first bleeding, sooner or later an exacerbation takes place, requiring a repetition of the remedy.

In case the first bleeding should produce but little remission in the symptoms, it must be repeated in larger quantity and in shorter time, than otherwise would be necessary.

1. The first part of the paper is devoted to a general discussion of the problem of the existence of a solution of the system of equations (1) for a given set of initial conditions. It is shown that the system of equations (1) has a unique solution for a given set of initial conditions if the functions $f_i(x, y, z, t)$ are continuous and satisfy the Lipschitz condition.

The next remedy we come to speak of is
Cathartics — and in the administration
of these, we should proceed very cautiously,
for as the stomach is generally very melan-
cholic, care should be taken to make choice
of those that may best agree with it, as
otherwise they would be very likely to be re-
jected by vomiting.

The Cathartics most generally em-
ployed are Castor oil, and the saline or
mercurial purges — the latter of which should
not be given alone, but in combination with
some milder cathartic for the purpose of ren-
dering it more effectual and easy in its op-
eration. The exhibition of cathartics ought to
be wisely managed by bloodletting. Because if
we can procure a mitigation of the inflamma-
tory symptoms, we may expect them to act
with greater certainty and expedition than if

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they had been prescribed previous to emese-
tion. If the nausea and vomiting are
so great that nothing can be retained upon
the stomach, we must then resort to
clysters. These should be of a mild and
character, and they should be exhibited in
the most judicious manner, in fear of producing
distention, and with caution so that the intes-
tines are not irritated. In all cases of
distention it is proper to use injections, but care
must be taken that we make use of such only
as are of a soothing nature.

As it regards the administration of spirits,
with few exceptions, we administer in
especially in the early stages of enteritis, for if
administered at this period they are said
to produce the disease, frequently to terminate
in gangrene.

Blisters. The most beneficial effect are

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is experienced from the application of
Mustard. The dose is to be spread upon the
stomach and made so large as to cover nearly
the area of it. It has been recommended also
to apply them at the same time to the extremi-
ties. As soon as the patient begins to feel
the burning sensation produced by
the Mustard the pain is often diminished.

It is a fact worthy of notice that
even cathartics and clysters will now
scarcely procure evacuations, which previous
to the operation of the Mustard has been
the effect.

Infusions often prove very advantage-
ous. Flannel dipped in brandy and sprinkled
with pepper is an excellent use. We may
also use the spirit of turpentine or tincture of
cantharides.

Fomentations are sometimes used with good

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effect. Cloths immersed in warm water and wrung out will answer as well as any. The only objection to fomentations is, that they have a tendency to increase the coarctation and anxiety. If this, however, should not be the case, they may be found of some service, but we should never let them supersede blisters, as they are a much more valuable remedy.

The warm bath, more especially the semi-cupping, has been recommended; but the objection against the preceding remedy, is very applicable here.

Diet. The diet of the patient should be of the mildest nature, such as beef tea, barley water or chicken broth; and these must be taken in small quantities at a time, at least until some evacuations have been procured, for if we allow the patient to overload his stomach, irritation will ensue, and an inv-

cess of the symptoms will be the consequence
to & To guard against a relapse, the diet
should still be mild and the bowels kept gently
open for some time after every symptom of the
disease has disappeared.

In case suppuration should take place,
very little can be done. If the abscess burst
into the cavity of the intestines, it has been
recommended to employ agimony, singa assea
&c. as a means of healing the ulcer, but we
expect very little from them. The patient is
often much reduced by the discharge. Tonics
then may prove useful, as an infusion of
bark or chalybeate waters. Should the abs-
cess burst into the cavity of the abdomen, death
is then as certain as when it terminates in
gangrene, though generally longer delayed.

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